SKYDIVE SAFETY LTD

This form must be completed and signed by the person named on the form and conducting the skydive and be presented to the Parachute Training Organisation (PTO) in person immediately prior to the commencement of their training.
DO NOT send to Skydive Safety Ltd (SSL)

STUDENT TANDEM SKYDIVER MEDICAL INFORMATION AND DECLARATION

Name in CAPITALS _____ Date of Birth _____

Weight KILOS _____ Height METRES _____

Skydiving (Sport Parachuting) is a sport where there is always a small but definite risk of death, injury or worsening of a pre-existing medical condition.

This form is designed to help you identify whether you may be at a greater than normal risk and whether you may need to take qualified medical advice before jumping. It is important that you read the following form carefully before signing it and ensure that you do so accurately because providing incorrect information may place yourself and others at increased risk.

The Parachute Training Organisation or your skydiving instructor are not able to give medical advice. If you have any of the conditions outlined in this form, it does not necessarily mean that you cannot jump but that you should first seek qualified medical advice and certification, using SSL Form 115B. If you are unsure or unclear about any of the terminology within this form, please seek qualified medical advice before signing the form, normally your GP or a specialist treating you.

You should also check with the Parachute Training Organisation (PTO) for details of any height-weight restrictions they may have.

The form is broken down into 4 areas, please read each statement and tick/initial each box confirming that you meet the conditions required to undertake the skydive.

BY TICKING OR INITIALLING THE BOXES BELOW, I DECLARE AND CONFIRM THE STATEMENTS BELOW THAT:

MY GENERAL HEALTH:

If I have any problems with seeing and/or hearing, I will seek assistance with completing this form. *Note: If you have problems with seeing and/or hearing, these can be accepted for self-declaration and you must inform your PTO instructors.* ☐

I am in robust physical health and am able to exercise and move my limbs without restriction. I understand that being unfit, having frailty of aging and/or being overweight (a Body Mass Index greater than 25) will increase the risk of injury. NHS BMI: https://www.nhs.uk/health-assessment-tools/calculate-your-body-mass-index/ ☐

I am not waiting for the results of any tests or investigations. I am not under medical review for any problems. I have not had any surgical procedures within the last 3 months. ☐

I am not taking any regular repeat medication, whether tablets, liquids, injections, patches or inhalers. I do not have a recurrent need to use painkillers. I have never received prolonged courses of steroids or high dose steroid treatment in the past. Note: *Hormone Replacement Therapy for the control of menopausal symptoms and contraceptive medication can be accepted for self-declaration.* ☐

To the best of my knowledge, I am not pregnant. ☐

MY PHYSICAL HEALTH:

I do not have any joint, back, sciatic or neck problems and have not been prone to these in the past. Within the last year, I have not had any torn tendons, ligaments, cartilages, fractures or broken bones. If I have had any of these injuries, I have made a full recovery and have returned to full function. I do not have any weakness or paralysis of any limb. I do not have rheumatism, arthritis or arthrosis. I have never been diagnosed with osteopenia or osteoporosis (reduced bone strength). I do not have any surgical implants or artificial joints. The Instructor will need to be informed of any congenital or traumatic, partial or complete loss of any limbs as this may require a functional assessment to ensure that the skydive can be undertaken. ☐

I do not have any form of heart disease. I have never had a heart attack, myocardial infarction, coronary disease, angina, ischaemic heart disease, heart valve problems, heart failure, irregular pulse, palpitations, chest pain on exercising, peripheral vascular disease, Hypertrophic Cardiomyopathy (HOCM), cardiac pacemaker, aneurysm. I do not have a family history of sudden death at an early age. I do not have raised blood pressure or hypertension. If over 40 years of age, I understand that blood pressure problems are often “silent” and painless at first and that I should have had a blood pressure check with a qualified professional within the last five years ☐

I MUST disclose if I have ever suffered partial or full dislocation of a shoulder to the PTO Instructors. Please be aware that a history of previous shoulder dislocation does not automatically exclude you from being able to skydive and will allow the Instructor to assist you in reducing the chances of a further dislocation. *Note: previous shoulder dislocation can be accepted for self-declaration and you must inform your PTO instructors.* ☐

I do not have sinus or ear disease. I do not suffer from ear or sinus pain in aircraft. I understand that colds or sore throats may make me temporarily unfit to skydive because they increase the risk of ear or sinus pain or damage. ☐

I do not have any form of lung disease and can exercise vigorously without wheeze or unusual breathlessness. I have not been diagnosed with asthma, emphysema, chronic bronchitis, Chronic Obstructive Pulmonary Disease (COPD), fibrotic lung disease, pulmonary embolism (clot on the lung), pneumothorax (collapsed lung), Cystic Fibrosis, obstructive sleep apnoea. I do not use inhalers, nebulisers or ventilators. I have not had a chest infection or pneumonia within the last 3 months. More information on asthma and skydiving can be found on the British Skydiving website. *Note: Mild asthma where there is there is no cold air induced wheeze and only occasional use of a 'reliever' inhaler and can be accepted for self-declaration.* ☐

I have never had a serious head injury or fractured skull. I do not have epilepsy, fits or seizures and have not suffered from recurrent giddiness, dizziness, faints, blackouts or loss of consciousness. I do not have Cerebral Palsy, myositis, Muscular Dystrophy, Multiple Sclerosis, Parkinson's Disease or any other progressive disease of the brain or nervous system. I have never had a stroke, subarachnoid haemorrhage (SAH), transient ischaemic attack (TIA) or vertebro-basilar Insufficiency (VBI). I do not suffer from disabling headaches. ☐

I do not have diabetes. I do not have any form of endocrine or hormonal disease or deficiency such as thyroid or adrenal problems. Note:
Underactive thyroid disease which is controlled and stable on medication for at least one year can be accepted for self-declaration. ☐

I do not have any form of colostomy, ileostomy, urostomy, catheter, PEG, reservoir or other drainage, collection, infusion, shunt or pump device. I have not received an organ transplant. I do not suffer from anaemia, Thalassaemia, Sickle Cell disease or bleeding disorders such as stomach or bowel haemorrhage, haemophilia, ITP or Von Willebrand's disease. ☐

I have not been diagnosed as having cancer in any form. ☐

I do not have any form of infectious disease such as hepatitis, HIV or tuberculosis. ☐

I have not donated blood in the last month. If I have donated blood, I have fully recovered and do not have any ongoing effects or symptoms. ☐

I understand that, due to the direction and speed of airflow, my tandem instructor may be exposed to my saliva, phlegm, blood or vomit even in the course of a normal skydive. ☐

MY MENTAL HEALTH:

I do not have anxiety, panic attacks, depression or post-traumatic stress disorder and have neither needed to see a doctor nor needed any treatment for any of these in the last 2 years. I have never been diagnosed as having psychosis, schizophrenia, manic-depressive psychosis, bipolar disease or any other serious mental illness. I do not have a history of self-harming behaviour or suicide attempts. I do not have a current history of active drug or alcohol dependence. ☐

I do not have any physical disability or impairment (sensory or locomotor, permanent or temporary), developmental or intellectual disability or impairment, whether affecting my behaviour, mood, cognitive functioning or otherwise. I do not have any problems with my memory. I have not been diagnosed as suffering from dementia, Alzheimer's Disease or significant cognitive impairment. ☐

SUMMARY:

I understand that the purpose of this declaration is to enhance my safety and that of my instructor. I know that if I have doubts, do not understand any part of the form, or I have been unable to agree with and initial any of the statements above, I should postpone any jump until I have obtained qualified medical advice and have obtained a signed Form 115B. If my health status changes so that this declaration is no longer valid, I will stop skydiving until I have received qualified medical advice. ☐

I have had enough time to read (or be read) this form and have understood it or have taken appropriate advice to enable me to understand it. ☐

I accept and understand that any medical condition I have may be made worse by skydiving or may increase my risk of injury or death. I understand that I must take medical advice before skydiving if I have any doubts about any medical condition. More information on the risks of skydiving may be found by contacting the skydiving PTO. ☐

If you are unsure about ANY of the terminology within this form or unsure as to whether or not you have or suffering with ANY of the conditions mentioned or have ANY conditions that are not mentioned, you should NOT sign this form and seek qualified medical advice, such as your GP or specialist who will need to consider signing Form 115B. If your GP or specialist is unsure of the implications of your medical history or any condition in regard to skydiving, with your permission, they can confidentially discuss your medical condition(s) with the PTO's Medical Adviser.

This form must be completed and signed by the person named on the form and conducting the skydive.

Reverification before Tandem Skydive: I am about to undertake a tandem skydive and have again read the Declaration I gave above. I can confirm that the answers I gave to the questions asked of me have not changed, that the Declaration remains accurate and true and that I meet the conditions required to undertake the skydive.

Signed ..... Print Name ..... Date ...../...../.....

WITNESS TO SIGNATURE (The signature above must be witnessed for skydivers aged less than 18 years and the witness MUST be their parent or legal guardian):

Signed ..... Print Name .....

Date ..... Print Address .....

This form is valid for 1 year from the date of signature, provided there is no change in medical condition or injury.